

## City of Troy Civil Service Commission Application for Examination or Employment

Approved by:	
Disapproved by:	

os	sition applying for:_				Exam #				
					ty for the position. Answer all questions fully and carefully in ink. tional sheets if necessary to give complete information				
	1		PF		Except for minor traffic violations and adjudications as				
Social Security Number:					youthful offender or PINS, have you ever been convicted of				
1.	Full name:	First			a crime, forfeited collateral, or are now under charges for any offense against the law?   Yes   No				
	Last	First	M. I.		If yes, give details of <u>each</u> on a separate sheet. A conviction is not an automatic bar to employment. Each case is considered on its individual merits.				
	Street address:			11.	Veteran's Status				
					Have you ever served in the armed forces of the Unite				
	City	S	tate Zip		States?				
2.	Phone number(s):				Honorable?				
	Other phone # or e-mail address				Date of entry into Service:				
3.		s. old or older?   Yes	□ No		Date of discharge:				
	If no, or if applying for Firefighter, give d	or Police Officer late of birth:			Serial Number:				
4.	County where you a	he names of the City or actually reside. Show ho usly in each immediately	w long you		Do you claim additional credits as an honorably discharged war veteran? (check one box)  — Yes, as a non-disabled veteran.				
	date of this application.				Yes, as a disabled war veteran.				
					□ <sub>No.</sub>				
		Name	How long?		Have you ever received a permanent appointment, or				
	City or Town		permanent promotion in the civil service or subdivision within NY State from an el						
	County				received additional credits as an honorably discharged veteran?  Yes  No				
5.	Are you a citizen of	the United States, or an	alien lawfullv	12.	Do you have a license, certificate or other authorization to practice a trade or profession?   Yes   No				
	admitted for permanent residence?   Yes   No				If "yes", please provide details on a separate sheet				
6	Are you currently i	n default on any student	loon(a)	13.	This employer is an Equal Opportunity/Affirmative Action				
Ο.	guaranteed by the	N.Y.S. Higher Education	n Services		Employer, and is dedicated to a policy of non-discrimination in employment on the basis of race, color, religion, sex, national				
	Corp.?	☐ Yes	□ No		origin, age, mental or physical disability, political orientation or affiliation, or sexual preference. Minorities are encouraged to				
	If you answer "yes	s" to anything in quest	ions 7 through		apply.				
		ide the details on a sep	parate sheet,	<b>1</b> 14.	Affirmation				
	and attach it to thi	s application form.			I affirm under the penalties of perjury that all statements made on this application (including any attached papers) are true. I				
7.		s office making inquiry re ince or qualifications fror mployers?			understand that all statements made by me in connection with this application are subject to investigation and verification and that a misstatement or fraud may disqualify me from				
	b. Your current e	. ,	□No		appointment and/or lead to revocation of my appointment.				
o	Were you ever dismissed from public employment for				Y				
ο.	disciplinary reasons	?			Signature of applicant date				
		☐ Yes	□ <sup>No</sup>		<b>S</b>				
9.	(For City of Troy pos Are you an officer in	sitions only) a political party?	es 🗌 No		Please print any other name by which you have been known				
				481					

15	Education	(attach addition	onal sheets	if necessary)

			No. of years	Did you graduate					
Name of school	ol and location		completed	Yes / No		7 8	9 10	11 12	2
Grammar					Full or	type of course or			
Jr. High					part time	major subject	Number	Type of	
High School							of college credits received	degree received	Date of
degree									
College, University, Professional, or Tech. Sch.									
Other Schools or special courses									
16. College Transcripts (if reques	sted) Is transcript submitted her Is College to forward trans		□ no						l
	is required for the position for whi	ich you are applyir	ng, please p	rovide the fo	-	Class:			
position so	inder the headings given below any equiph, and as far as possible, every orely to your first one. Applicants may	ther employment in	cluding milita	ary service. E	Begin with yo	our most recent emp			
Length of employment	Firm Name	Address							
From; Mo. Yr.									
	Type of business	Your title		Nam	ne & title of im	mediate supervisor			
To: Mo. Yr.									
Duties: Describe the nature of the work personally performed by you, with estimated percentage of time on each type of work. State the size and kind of working force, if any, supervised by you, and the extent of such supervision.							of		
Salary Min. Max. Last									
Reason for leaving:									
Length of employment	Firm Name	Address							
From; Mo. Yr.									
	Type of business	Your title		Nam	ne & title of im	mediate supervisor			
To: Mo. Yr.									
Total: yrs. mos.	Duties: Describe the nature of the wo working force, if any, superv				ercentage of t	ime on each type of w	ork. State the	size and kind	of
Salary									
Min. Max. Last									
Hrs. per wk.  Reason for									
leaving:									
Length of employment	Firm Name	Address							
From; Mo. Yr.									
To: Mo. Yr.	Type of business	Your title		Nam	ne & title of im	mediate supervisor			
Duties: Describe the nature of the work personally performed by you, with estimated percentage of time on each type of work. State the size and kind of working force, if any, supervised by you, and the extent of such supervision.  Salary  Duties: Describe the nature of the work personally performed by you, with estimated percentage of time on each type of work. State the size and kind of working force, if any, supervised by you, and the extent of such supervision.									
Min. Max. Last									
Hrs. per wk.									
Reason for leaving:									
	If more space is req	uired, use addition	al sheets arr	anged in the	same mann	er. Attach such she	eets at top of	page.	